

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101042684 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18			1			
19				1		
20					1	
21						1
22						
23						
24						
25						
26					1	
27						1
28						
29						
30					1	
31						1
32						
33						
34						
35					1	
36						1
37						
38						
39						
40					1	
41						1
42	1		1			
43				1		
44			1			
45				1		
46					1	
47						1
48					1	
49						1
50						
TOTAL IND.			2			
TOTAL DEP.			31			
TOTAL CLAIMS			33			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52				1		
53					1	
54					1	
55					1	
56					1	
57				1		
58					1	
59					1	
60					1	
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95						
96						
97						
98						
99						
100						
TOTAL IND.				3		
TOTAL DEP.				10		
TOTAL CLAIMS				13		